

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
							CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1		1				51	
2		1		1			52	
3		2		2			53	
4		2		2			54	
5		2		2			55	
6		2		2			56	
7		2		2			57	
8	1	1	1				58	
9		1		1			59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
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37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1		2				TOTAL IND.	
TOTAL DEP.	13		10				TOTAL DEP.	
TOTAL CLAIMS	14		12				TOTAL CLAIMS	